V. S. No. 1.

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Occil 10936	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Village or City of Deficition	St.; Ward) [if death occurred in a hospital or lositiution, give its NAME instead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jemal White (Wite the word)	16 DATE OF DEATH OUG - 4 ,1913
DATE OF BIRT.H (Month) (Day (Year)	that I last saw h or allve on all a last saw h or all a last sa
7 AGE So yrs 6 mos 4 ds. or min.?	and that death occurred on the date stated above, at 545 pm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry.	Mente Endocarditio,
tusiness, or establishment in which amployed (or employer)	(Duration) yrs mos 2 ds.
State or country) of Deposed by d	Secondary (Burstian) was to
10 NAME OF FATHER Solve & Long 11 BIRTHPLACE OF FATHER	(Signed) (Suration) yrs mos ds. (Signed) (Suration) yrs mos ds. (Address) (Suration) yrs mos ds.
C FATHER (State of country) 12 Maiden Name of Mother Malunda Falls	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Steland	Af place In the ot death yrs mos ds. State yrs mos ds Where was disease contracted.
(Informant) (Informant)	If not at place of death? Former or usual residence.
Flied aug. 7 Co 1913 N.R. Caucas REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 4 O Lewelf Cemelor Aug 7, 1913. 20 UNDERTAKER ADDRESS ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING NEATH, state occupation at beginning of illshould be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as (a) Spinner, Statement of occupation-Precise statement of occupamany occupations a single word or term on the thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, For persons "Foreman,"

lesis of lungs, ("Pneumonia," pneumonia"); causing neath (the primary affection with respect to fever (the only definite synonym is "Epidemic ceretime and causation), using always the same accepted Statement of cause of death-Name, first, the niseAsE for the same disease. Examples: Cerebrospinal meningitis"); Diphtheria (avoid use of Typhoid Lobar pneumonia; Bronchopneumonia meninges, peritonaeum, etc., unqualified, is indefinite): Tubercufever (never report "Typhoid Carcin-

> LENT DEATHS state MEANS OF INJURY and qualify us cause of death approved by Committee on Nomenciasepsis, tetanus) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaccause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia." "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligu "Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably ture of the American Medical Association.) Bronchopneumonia (secondary), 10 ds. Sarcoma, etc., of..... The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," (name origin; "Can-Never report For vio-01



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PERMANENT 4 PLAINLY, WITH UNFADING INK-THIS IS

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1 PLACE OF DEATH

10937

STATE OF MARYLAND

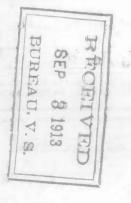
County Carel	CERTIFICATE OF DEATH
	Registration Dist. No. 90
1 Mar Castorallo	Ilt death occurred in
Village or City/Eur allevel	St.; Ward) a hospital or lostitulioo,
Bot of 1/ (K	of street and number.]
FULL NAME (all & C , S)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, WARRIED, WARRIED	16 DATE OF DEATH aug. 12 1013
fremale White (moiveacro (mrite the word)	(Month) (Day) (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
4 22 1, 883	191/3, to 2019 12, 1913,
(Month) (Day) (Year)	that I last saw h the alive on the 12 ,1913
7 AGE If LESS than	and that death occurred on the date stated above, at //am.
2 6 3 - 10 1 day,hrs.	The CAUSE OF DEATHS was as follows:
BOCCUPATION OS. OR. Min. ?	Clarte Pulmonacy Almorage
(a) Frade, protession, or	
particular kind of work	Annan
(b) General nature of Industry, business, or establishment in	(Duration) Yes mes ds.
which employed (or employer)	Contributory Fubruelloge
BIRTHPLACE (State or country)	(Secondary)
10 NAME OF 1	(Deration) yrs mos ds.
FATHER MM A Davis.	(Signed)
M 11 BIRTHPLACE () 10 ()	lug 17, 1913 (Address) Carballe Md.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
	TAL, SUICIDAL, OF HOMICIDAL,
a faura w, orggs	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Fril Co, Wid	At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	ot death yrs mos ds. State yrs, mos ds. Where was disease contracted,
THE ABOVE IS THOSE TO THE BEST OF MY KNOWLEDGE	It not at place of death?
(Intermant)	Former or usual residence
(Address) Carlevell	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15	Bethel Cametary areg 15 1913
Filed aug 14-1913 ABlack	30 UNDERTAKEB ADDRESS
REGISTRAR	John A Coppage Bailton had
If more blanks are needed, address State Registra	6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). it should be used only when needed. As examples:
(a) Spinner, (b) Cotton mill; (a) Salesman, (b) who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of inbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as dutles of the household only (not paid Housekeepers nine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—Name, first, the description with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuderculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisonet Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPEBAL peritonitis," etc. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Candeath), 29 ds.; State cause for FOF VIO



V. S. No.

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RECORD

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Cor	PLACE OF DEATH 10938 3	STATE OF MARYLAND CERTIFICATE OF DEATH
	1000	Registration Dist. No.
Vill	age or City Man ort Define al.	St.; Ward) [If death occurred in a hospital or iostitution, give its NAME instead of street and number.]
***************************************	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
39E	nale Colorid (Write the word)	16 DATE OF DEATH (M————————————————————————————————————
6 DA	TE OF BIRTH Seene 11 1894	HEREBY CERTIFY, That I attended deceased from 1919, to 1842 2 , 1913
TAG	(Month) (Day (Year)	and that death occurred on the date stated above, at 7 40 m,
(a)	CCUPATION Trade, profession, or flicular kind of work.	The CAUSE OF DEATH* was as follows:
busi	General nature of Industry, ness, or establishment in th amployed (or amployer)	(Duration) yrs mos 7 ds,
- B1	(State or country) Philadelphia Pa	Contributory Secondary (Ouration) yrs mos ds,
VTS	11 BIRTHPLACE OF FATHER (State or country) 12 OWN CA	(Signed), M, D. (Signed), M, D. (Address) Port Dysocth
PARENTS	12 MAIDEN NAME OF MOTHER SUSAM OF LOUIS	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden- TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
14 -	13 BIRTHPLACE OF MOTHER (State or country) Cecil Po	At place In the of death yrs, mos ds. State yrs, mos ds Where was disease contracted,
•	Informant) August 10 THE BEST OF MY KNOWLEDGE	If not at place of death? Former or usual residence.
	(Address) ast Deferred	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	aug. 75/ 1913 STR. Caucace	20 UNDERTAKER ADDRESS ADDRESS
		rar, 6 E. Franklin St, Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite): Tubereulessis of lungs, meninges, peritonaeum, etc., Carein-

nant neoplasms); Measles; Whooping eough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canmia," "PUERPERAL peritonitis," etc. State cause for valvular heart disease; Chronie interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," merc symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerreral septiehac-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) Always qualify all diseases resulting from Mcasics (disease causing death), 29 ds.; may be stated under the head (Recommendations on statement of "Dropsy." "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1913
BUREAU, V.S.

Gounty CECL 10939	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 93
VIIIage or City Col Mills (No. 2 FULL NAME Sev. N. Bo	St; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, MARRIED, WIDOWED, OR OLVERTOR (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
Month (Day) (Year)	that I last say h alive on 4 7 191 3
TAGE It LESS than 1 day,hrs. ormin.?	and that death occurred on the date stated above, at \$\int_30\rm^m\$, The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry,	Heerobrospinal Hennigeta
business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) Mary Land,	Contributory (Secondary) (Buration) yrs mos ds
10 NAME OF SEO ROUGLEY 11 BIRTHPLACE	(Signed) P. P. C. M. D. Charge 18, 191-3 (Address) Cherry Lice
11 BIRTHPLACE OF FATHER (State or country) Mary fauld 12 MAIDEN NAME OF MOTHER Margaret Cart	*State the Disease Causing Death, or, in Seaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Mary Cend	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mes. ds. State yrs, mes. ds.
(Interment) C C C C C C C C C C C C C C C C C C C	Where was disease contracted, it not at place of death? Former or usual residence.
(Address) Cel Miles Mi	PLACE OF BURIAL OR REMOVAL CHUMP OF CLA 20 UNDERTAKER ADDRESS ADDRESS
Filet Mg D , 1913 Cocco Registran If more blanks are needed, address State Registran, 6 E	C. S. Grant Cherry Hel
	y ma

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an gainfully employed, as At school or At home. fication, as Day laborer, Farm laborer, Laborerstatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise speciit should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, arst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.). For persons Never return "Laborer," As examples: "Foreman," The (0)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphiheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid deumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinologies

ture of the American Medical Association.) cause of death approved by Committee on Nomenciascpsis, tetanus) injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for malig-Accidental drowning; Struck by railway train-acctmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of may be stated under the head of (disease causing (name origin; "Can-The nature of the death), 29 Examples: For vio-

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SEP 2 1913
BUREAU, V.S.

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V. S. No. 1.

N. B.

Village or City IR Mulb (No. 2FULL NAME CIMA M	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. [if death occorred is a hospital or iostitution, give its NAME tostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) Berthelace (State or country) 11 BIRTHPLACE (State or country) 12 Maiden Name of Month of M	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 191 to 191 3
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE STRUE TO THE BEST OF MY KNOWLEDGE (informant) (Address) (Address) (Address) 15 Filed Alger 1913 6 7 Cruight Algerana If more blanks are needed, address State Regis	At place of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, If not at place of death? Former or Usual residence Thinks of Burnel of Temoval Date of Burnel 3 20 UN DETTAKER ADDRESS Tranklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise specimine, etc. fication as Day laborer, Farm laborer, Laborer-Coal who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should he taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may he entered as duties of the household only (not paid Housekeepers statement. material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfulit should be used only when needed. As examples: Civil engineer, Stationary freman, etc. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," But in many "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

"Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenciamia," "Puerreeral peritonitis," etc. State cause for ture of the American Medical Association.) scpsis, totanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicidc. such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopicumonia (secondary), 10 ds. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles "Senile," etc.), may be stated under the head (disease causing death), 29 ds.; "Dropsy," "Exhaustion," The nature of the Never report For vio-





ESERVED

9 4 OCCUPATION RECORD PERMANENT supplied certificate. 50 be back terms, plain instructions DEATH See 50 Item OF Every item CAUSE OF Important. mi. ż

state

PLACE OF DEATH. 10941

Lecil

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[If death occurred to a hospital or institution, give its NAME Instead of street and number.]

PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 18 DATE OF DEATH MARRIED. WIDOWED, ORDIVERCED (Write the word) (Dav I HEREBY CERTIFY, That I attended deceased from (Month) (Day (Year)/ 7 AGE if LESS than and that death occurred on the date stated above, at 3,15 Pm. f day.....hrs. OR ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory..... Secondary 10 NAME OF FATHER ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ State vrs. Where was disease contracted. If not at place of death? Former or usual residence DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

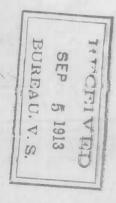
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulstatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Nervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second who have no occupation whatever, write None. been changed or given up on account of the DISEASE "Manager," "Dealer," etc., without more precise specicated thus: Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return '"Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma, Sarcoma, etc., of...... (name origin; "Can-LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," Never report



10942

STATE OF MARYLAND

PLACE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, should be taken to report specifically the occupations fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on aecount of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But In many Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or misearriage as "Puerperal septichaemus," "Old Age," "Shoek," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomenelainjury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: accidental, suicidal, or homicidal, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; (Recommendations on statement of State cause for Never report

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BUREAU, V.S.

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N. B.

state

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., childbirth or miscarriage, as "Puerperal septichaeinus," "Old Age," "Shock," "Uraemla," "Weakness," ture of the American Medicai Association.) "Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for mallg oma. Sarcoma. etc., of __ Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. Never report ampie: Meastes (disease causing valvular heart disease; Chronic interstitial nephritis. The contributory (secondary or Intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-The nature of the death), 29 "Exhaustion," Examples: For vio-

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SEP 2 1913
BUREAU. V.S.

16

1 PLACE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX MARRIED. WIDOWED, W ORDIVORCED (Write the word) DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than f dayhrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) ----certificate. 9 BIRTHPLACE (State or country) Contributory Fecondary 10 NAME OF FATHER (Signed) 9 back ARENTS 11 BIRTHPLACE OF FATHER (State or country) uo 12 MAIDEN NAME Instructions OF MOTHER 18 FNOTH OF BERIDENCE (C. 13 BIRTHPLACE (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO Former or usual residence. mportant.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

.....Ward)

Ilt death occurred in a hospital or lostitution. give its NAME instead of street and number.)

MEDICAL CERTIFICATE OF DEATH DATE OF DEATH 191.3 (Month (Year) I HEREBY CERTIFY and that death occurred on the date stated/above. The CAUSE OF DEATH* was as follows:

State the DISEASE CAUSING DEATH, or, in death's from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-TAL, SUICIDAL, OF HOMICIDAL.

OR RECI	INT RESIDENTS	OR IN	DSPITALS, IN	TITUTIONS,	TRANSIEN	TS
At place			In the			
ot death	yrs mos	. ds.	State	yrs	mos.	di

If not at place of death?

OR REMOVAL

ADDRESS

30 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

ness of various pursuits can be known. The question cated thus: should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise speciit should be used only when needed. For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman," The

lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," unqualified, is indefinite): Tubercupneumonia"); brospinal meningitis"); Diphtheria (avoid "Croup";) fever (the only definite synonym is "Epidemic cereterm for the same discase. time and causation), using always the same accepted causing neath (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid Examples: Cerebrospinal Careinuse

> valvular heart disease; Chronic interstitial nephritis. cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convuisions," "Debility" ("Conthenia," "Anacmia" (mercly symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name orlgin; "Canture of the American Medicai Association.) Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tctanus) Always qualify all diseases resuiting from Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," State cause for Never report For vio-01

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SEP 4 1913
BUREAU, V.S.

BINDING FOR RESERVED MARGIN

S. No.

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Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 IS UNFADING INK-THIS PLAINLY, WITH WRITE

PLACE OF DEATH 10945	STATE OF MARYLAND CERTIFICATE OF DEATH
	Registration Dist. No. 95
Village or City Colora (No	St.; Ward) [If death occurred is a hospital or institution give its NAME instead of street and number.]
FULL NAME OWNER Survey	, Orașeo
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	18 DATE OF DEATH AUG 27 1913 (Month) (Day) (Year)
G DATE OF BIATH April 30 (Month) (Day) (Year)	that I last saw h alive on any 27 15.
7 AGE 58 yrs. 3 mos. 27 ds. or	and that death occurred on the date stated above, at m, The GAUSE OF DEATH* was as follows: A Selection Selections:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER Joseph B. Fryer (State or country) 11 BIRTHPLACE (State or country) (State or country) 12 Maiden NAME AF MOTHER Josh 13 BIRTHPLACE (State or country) 12 Maiden NAME AF MOTHER JOSH 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Duration) / Jrs. 3 mos. ds. Contributory (Secondary) (Secondary) (Signed) / Joseph Mos. ds. (Signed) / State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuex; and (2) whether Accidental, Suicidal, or Homicidal. 16 Length of Residence (For Hospitals, Institutions, Transients, or Recent Residents) At place in the of death / yrs. mos. ds. State / yrs. mos. ds. Where was disease contracted, it not at place of death / yrs. mos. ds.
(Interment) J. Burtou Waley (Address) Golora Manylaud, 15 Filed 1912 If more blanks are needed, address State Registral	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Most Moltenyhorn husblor Aug 36th, 1913. 20 UNDERTAKER Slater B Jech Colera Mor, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illduties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," "Foreman,"

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S. No. 1.

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PLACE OF DEATH 10946	STATE OF MARYLAND
	CERTIFICATE OF DEATH
County Col	Registration Dist, No.
G1/6/	
Village or City (No. (No.	St.; Ward) [if death occurred in a hospital or institution,
1/ / //	give its NAME instead of street and number.]
FULL NAME Hyland //	colas heen
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
MARRIED ///	16 DATE OF DEATH (My 2), 1913
Male Colord ORDIVERCED (Write the word)	(Moyth) (Day (Year)
6 DATE OF BIRTH	Mus. / 1913 to Aug. 2 1913
Up. 1889	(1) (1) 1 9 2
(Youth) (Day (Year)	that I fast saw h 44 alive on 44 . a . 1913
TAGE If LESS than 1 day,hrs.	and that death occurred on the date at ted above, at 4000m,
yrs	The CAUSE OF DEATH* was as follows:
BOCCUPATION	TANDONIA TAMBUM OULA
(a) Trade, profession, or particular kind of work	The agreement of the second of
(b) General nature of Industry,	The state of the s
business, or establishment in which employed (or employer)	(Duration)yrsmosds.
9 BIRTHPLACE (State or country)	Contributory
(State of country)	(Duration) offs mos. ds.
10 NAME OF FATHER	(Signed) V. Mynn Marchest un
- Micholas Willer	
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER	Usig. 2, 191 3 (Address) Clklon, Ill
(State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of MOTHER Tannie Tohuston	
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country)	At place In the of death yrs, mos ds. State yrs, mos ds
14 THE ABOVE TS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Remuce formator	Former or
(IIII) IIIIII)	usual residence.
(Address) (Address)	19 FUACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 () 1/ 3 / thunk the	complementy cuise 4, 1913
Flied LLLA T, 191 S / Will Mager	20 UNDERTAKER MADDRESS
REGISTOR TO NEW HOUSE OF THE PROPERTY OF THE P	gones marchael conton
II more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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uant neoplasms); Meastes; Whooping cough; Chronic mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerreral septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee ou Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Courulsions," "Debility" ("Con-Bronchopncumonia ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciis less defiuite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Seuile," ctc.), (Recommendations on statement of (secondary), 10 ds. Never report "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail. It will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

UG 7 1913

tick certificate

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

Village or City Onoungs (No.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 96 St.; Ward) Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jale Jegs Single, Married Midowed Oppinger (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17) I HEREBY CERTIFY, That I attended deseased from
Month) (Day (Year)	that I past saw him allve on Que 3 1913
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 1-30 m. The GAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, profession, or particular kind of work	arterio eclerosis & paralycis
(b) General nature of industry, business, or establishment in Manual labor which employed (or employer)	(Duration) yrs mos ds.
State or country) Harford, Md	Secondary (Doration) Yrs mos ds
10 NAME OF Edulard Hall	(Signed) JA (Signed) , M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	State the Disease Causing Death, or, in downs from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) fail (5., MA)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
Filed Life 9 1913 A. R. Cameron Post Registran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER ADORESS
77	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an cases, especially in industriai employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. Civil engineer, Stationary fireman, etc. But in many tion is very important, so that the relative healthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return (b) Cotton mill; (a) Salesman, (b) "Laborer," As examples: "Foreman,"

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affection need not be stated unless important. thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is iess definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Coilapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminai conditions, such as "As-Bronchopucumonia (secondary), 10 ds. Never report ture of the American Medicai Association.) cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably "Contributory." The contributory (secondary or intercurrent) Always qualify aii diseases resulting from (Recommendations on statement of State cause for

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RECORD PERMANENT classified. proper INK supplied. pe UNFADING may 9 terms, plain Information 2 DEATH PO

1 PLACE OF DEATH STATE OF MARYLAND state CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. lit death occurred in .Ward) a hospital or institution. give its NAME Instead ot street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. (Month) (Write the word) (Day (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day 7 AGE It LESS than and that death occurred on the date stated above, at t day.....hrs. was as follows: OR min. ? Califa: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary (Quration) 10 NAME OF FATHER (Signed) 0 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 12 MAIOEN NAME instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. State _____ yrs ____ mos. 14 THE ABOVE IS TRUE Where was disease contracted. BEST OF MY If not at place of death?. Former or Important. usual residence Every It OR REMOVAL OATE OF BURIAL 15 20 UNDERTAKER AODRESS 8 REGISTRAR ż If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

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SEP 4 1913 BUREAU, V.S.

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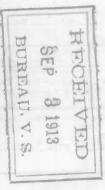
ACE OF DEATH STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. fif death occurred in (No. .Ward) a hospital or institution. give its NAME lostead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH SEX 5 SINGLE, MARRIED, 1913. WIDOWED. (Month) (Day) ORDIVORCED (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH (Day) (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at ... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mio. ? BOCCUPATION (a) Frade, prefession, or particular kind of work. (b) Geograf nature of industry. business, or establishment lo which employed (or employer) 9 BIRTHPLACE Contributory (Secondary) (State or country) 10 NAME OF FATHER S 11 BIRTHPLACE (Address) FNT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-05 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 4 OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country la the _____ yrs. ____ mos. ____ ds. State yrs, ____ mos, ds. Where was disease contracted. If not at place of death?. Former or usual residence. DATE OF BURIA 15 OUNDERTAKER REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Ballo., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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> LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the ture of the American Medical Association. cause of death approved by Committee on Nomenciainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puerpueal septichaecause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenitai," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atrophy," "Contributory." by carbolic acid-probably suicide. The nature of the "Collapse." "Coma," "Convuisions," "Debility" ("Conmere symptoms or Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malkoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of terminal conditions, such as "As-"Dropsy," "Exhaustion," (name origin; "Can-Never report Examples: For vio-



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PHYSICIANS should of OCCUPATION IS statement classified E certifica 0 back Pinou 6 ATH in plain instructions EATH 0 OF Important. CAUSE 10

STATE OF MARYLAND PLACE OF DEATH 10950 CERTIFICATE OF DEATH County. Registration Dist. No. nowing o(No. -Ward) **2FULL NAME** PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 5 SINGLE. DATE OF DEATH MARRIED. WIDOWED (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) 7 AGE it LESS than and that death occurred on the date stated above. 1 day,....hrs. OR min. ? 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER (Signed 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-(State or country) 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death yrs. mos. ds. State _____ yrs, ___ mos, __ Where was disease contracted. 14 THE ABOVE IS KNOWDEDGE If not at place of death?-Former or (Informant) usual residence.

REGISTRAR

19 PLACE OF BURIAL OR REMOVAL

20 UN OFRTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

lif death occurred in

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(Year)

a hospital or institution,

give its NAME Instead of street and oumber.]

(Day

ADDRESS

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[Approved by U. S. Census and American Public Health Association.]

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RECEIVED
SEP 4 1913
BUREAU, V. S.

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OCT 28 1918
BUREAU, V.S.

D & County PHYSICIANS shoul Registration Dist. No If death occurred inWard) RECORD a hospital or institution. give its NAME Instead of street and number.] ²FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT EXACTLY. 3 SEX 4 DOLOR DR RACE 5 SINGLE. DATE OF DEATH MARRIED. WIDDWED. BINDING ORDIVORCED (Write the word) Month) (Year) (Day attended deceased from DATE OF BIRTH classifled. (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above FOR 1 day,....hrs. was as follows: OR 7 properly 8 OCCUPATION (a) Trade, profession, or SERVED INK particular kind of work_ supplied. (b) General nature of Industry, business, or establishment in UNFADING may which employed (or employer) certificate, 9 BIRTHPLACE (State or country) Contributory Secondary Ш 10 NAME OF FATHER (Signed) jo ARGIN back PARENTS 11 BIRTHPLACE terms, 191 should OF FATHER (State or country) tate the DISEASE CAUSINO DEATH, or, In deaths from VIOLENT 0 CACSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME piain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country, EATH of death _____ yrs. ___ mos. ___ ds. State _____ yrs. ___ mos. __ WRITE Where was disease contracted. 14 THE ABOVE IS If not at place of death?-0 ā Former or Item OF (Informant). usual residence. Important. CAUSE 19 PLACE OF BURIAL OR REMOVAL (Address)..... 10 WIM OF 15 20 UNDEBTAKE ADDRES 1 REGISTRAR

If more planks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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STATE OF MARYLAND

CERTIFICATE OF DEATH

PLACE OF DEATH

Very

[Approved by U. S. Census and American Public Health Association.]

Physician, Compositor, Architect, Locomotive engineer, Housewife, Housework, or At Home, and children, not mine, etc. material worked on may form part of the second the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, "Foreman," The (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. cer" is less definite; avoid use of "Tumor" for malig-"Contributory." injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Mcasles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclasepsis, tetanus) dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," State cause for Never report



Every item of information should be earefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exast statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING A WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

Z. m.

PLACE OF DEATH

County Clair 10952	CERTIFICATE OF DEATH
County	Registered No. 74
Village or City Sunspies villano.	St; Ward) [If death occurred in a hospital or institution give its NAME losteat of atreat and number.]
- FOLL NAME	NI NI
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Anale White Single, Married, Wisowed, Or Divorced (Write the word)	(Month) (Day) (Year) 17 HEREBY CERTIFY, That I attended deceased from
DATE OF BIRTH MENS 22 , 1913 (Month) (Day) (Year)	that I last saw h My allve on My 7 1913
7 AGE If LESS than t day, hrs. or min.?	and that death occurred on the date stated above, at
GOCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, tusiness, or establishment in	Maranuz,
which employed (or employer) *BIRTHPLACE (State or country) Cecil country M. M.	Contributory (Secondary) (Doration) yrs mos ds
10 NAME OF FATHER allein e Kline 11 BIRTHPLACE	(Signed) / Calcutuell, M. D. Any 8, 191 3 (Address) Math East, hel
Z (State or country) cecil countly 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, OF, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death
(Informant) John C Rline	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) North Cast Ind	Bethel Bethel ma august 1913. 20 UNDERTAKER DO ADDRESS
Filed august 9, 1813 Biclote REGISTRAR	He M Vierson North Cast
1f more blanks are needed, address State Registra	ar, 6 E. Franklin St., Baito., Requesting V. S. No. 1.

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of iliduties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-For many occupations a single word or term on the who have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing disease and causation), using always the same accepted term for the same disease. Examples: Cerchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unquaiified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Purperal septicharcause of death approved by Committee on Nomencla such. If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUST and qualify as etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Wcakness," ture of the American Medical Association.) "Contributory." scpsis, tetanus) may be stated under the head of injury, as fracture of skuii, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For vio "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. nant neoplasms) : Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-Bronchopncumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of . The contributory (secondary or intercurrent) "l'UERPERAL peritonitis," etc. State cause for Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin: "Can death), 29 "Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all gnestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1913
BUREAU, V.S.

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RECORD

PERMANENT

PHYSICIANS should state of OCCUPATION IS very statement EXACTLY. Exact classified. pe D shoul properly supplied. pe may certificate. 80 Jo back terms, should 6 in plain Instructions Information EATH O E Item Every item CAUSE OF Important.

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No..... If death occurred in .Ward) a hospital or institution. give its NAME instead of street and number. 1 MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS SSINGLE. SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) (Day) (Year) ORDIVORCED Write the word) I HEREBY CERTIFY. That I attended decessed from 17 6 DATE OF BIRTH (Year) (Month) (Day) TAGE If LESS than f day. 7.hrs. OR ? BOCCUPATION (a) Frade, profession, or particular kind of work (b) General nature of industry. business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (Secondary) (State or country) 10 NAME OF FATHER (Signed)..... S 11 BIRTHPLACE ENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-AR 12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) _____ yrs. mos. State _____ yrs. ____ mos. Where was disease contracted. TOF MY KNOWLEDGE If not at place of death? usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). duties of the household only (not paid Housekeepers additional line is provided for the latter statement; applies to each and every person, irrespective of age. who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfui-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tubercu-lossis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomenclamia," "PUERPEBAL peritonitis," etc. chiidbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the ture of the American Medical Association. "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Coliapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis mere symptoms or terminal conditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of ... The contributory (secondary or intercurrent) (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Can-State cause for For VIO-



V. S. No. 1.

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

Village or City Fron Hell (No. 2 PULL NAME Lawrel	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.: Ward) B. M. Counted Street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX A COLOR OF RAGE MARRIED, WIDOWED, WIDOWE	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY GERTIFY, That I sttended decessed from
(Moort) (Day (Year) 7 AGE (Moort) (Day (Year) 1 day,hrs. OCCUPATION (a) Trado, profession, or porticulor kind of work	that I just saw h
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory from Alphritis Secondary
10 NAME OF FATHER HENRY MC Connell 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 14 MARYONN	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Addre
(Informant) (Address) (Address) (Informant) (Address) (Address) (Informant) (Address) (Informant) (I	Where was disease controcted, is not at piace of deoth? Former or Usual residence 19 MARE OF BURIAR OR REMOVAL LUTY FILL 20 UNDERTAKER A. J. Clerrualty LOTE OF BURIAL 20 UNDERTAKER ADDRESS ADDRESS

[Approved by U. S. Census and American Public Health Association.]

gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, The (6)

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valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canscpsis, tctanus) may be stated under the head of injury, as fracture of skuil, and consequences (c. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Seuile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (mercly symptomatic), "Atrophy," affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a defiulte disease can be ascertained as the "Heart failure," "Haemorrhage," "Inauition," "Marasmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned The contributory Always qualify all diseases resulting from Meastcs (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for

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BUREAU, V. S.

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INN-INIS IS A PERMANENT	d. AGE should be stated EXACTLY. s properly classified. Exact statemen
WRITE PLAINET, WITH ONFADING INA-INIS IS A PERMANENT RECORD	Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state E OF DEATH in plain terms, so that it may be properly classified. Exact statement of CCCUPATION is very cant. See instructions on back of certificate.

Gounty Cecil 10955	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Lat Defunded -	Registration Dist, No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SBINGLE, MARRIED, MIDOWED Married ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED ORDIVORCED	16 DATE OF DEATH (1913) (Year)
8 DATE OF BIRTH Oct 10, 185-6 (Month) (Day (Year)	that I last saw him silve on and 10 th, 1913.
7 AGE If LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work (b) Construction (c) Trade, profession, or particular kind of work	arenoselisosis
(b) General nature of industry, business, or establishment in which employed (or omployer) 9 BIRTHPLACE (State or country)	Contributory aut delitaly of
(State or country) Cecil (C) MID 10 NAME OF FATHER P POLOS	Secondary (Doration) yrs mos /2 loss (Signed)
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Cecil	218 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT REGIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted.
(Interment) Sausa I Dowell	If not at place of death? Former or osual residence.
16 File Degrat 5 1913 A.R. Caeverage	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Hosewell Corneling Jung 191.3. 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklip St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Mauager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and ehildren, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, thus: If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) (b) Cotton mill; (a) Salesman, As examples: For persons "Foreman," (0)

lesis pneumonia"); brospinal meningitis"); Diphtheria (avoid use tlme and causation), using always the same accepted causing death (the primary affection with respect to ("Pncumonia," unqualified, is indefinite): Tubereufever (the only definite synonym is "Epidemic cere-Statement of cause of death-Name, first, the DISEASE of lungs, meninges, peritonaeum, etc., for the same disease. Typhoid Lobar pneumonia; Bronchopneumonia fever (never report "Typhoid Examples: Cerebrospinal Carcin-

> cause of death approved by Committee on Nomencla-LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis naut neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Cau-"Contributory." by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. ture of the American Medical Association.) injury, as fracture of skull, and consequences (e. g., The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," tetanus) Measles (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head For vio

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SEP 4 1913
BUREAU. V.S.

PHYSICIANS should of OCCUPATION IS RECORD Exact statement PERMANENT EXACTLY. properly classifled. pinous carefully supplied. may certificate. 80 ō pe on back terms, pinods of information st DEATH in plain See instructions o plain CAUSE OF Important. S m. ż

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3 SEX

7 AGE

PARENTS

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8 OCCUPATION (a) Trade, protession, or

particular kind of work....

(b) General nature of indus business, or establishmen

which employed (or employ

9 BIRTHPLACE (State or country)

(intermant) (Address)

14 THE ABOVE IS TRE

County 4 Cuil





STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.:....Ward)

[if death occurred in a hospital or institution. give its NAME Instead of street and number.]

FULL NAME Marietta Mille

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
x 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED, DROIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
(Month) (Day (Year)	that I last saw here alive on act, 3/, 1913.
yrs. / mos ds. if LESS than 1 day,hrs. ORmin. ?	and that death occurred on the date stated above, at 4 4 m. The CAUSE OF DEATH* was as follows:
CUPATION Trade, protession, or icular kind of work	Jasho-Ententi
General nature of industry, ness, or establishment in h employed (or employer)	(Duration) yrs. mos 2 ds.
11 BIRTHPLACE OF FATHER State or country) 12 BIRTHPLACE OF FATHER (State or country) MAGE OF FATHER (State or country)	(Signed) A. (Buration) yrs mos. ds. (Signed) A. (Address) Selfelm M. D. *Stare the Disease Causing Death, or, in deaths from Violent
13 BIRTHPLACE OF MOTHER OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Informant) OF MOTHER (State or country) HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, DR RECENT RESIDENTS) At place in the ot death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place ot death? Former or usual residence.
(Address) Elsten had Sug 3/-, 1913 J. Frans Frager	19 PLACE OF BURIAL OR REMOVAL Solvential Date of BURIAL Solvential Date of BURIAL Solvential Date of BURIAL Appr 2, 191.3 OUNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

No. ú

[Approved by U. S. Census and American Public Health Association.]

cated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to "Croup";) prospinal fover (the only definite synonym is ("Pneumonia," Statement of cause of death-Name, first, the nisease of lungs, meningitis"); Diphtheria Typhoid fever (never unqualified, is indefinite): Tubercumoninges, peritonaeum, etc., Examples: Cerebrospinal report "Typhoid "Epidemic cere-(avoid use Carcin-

> valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), thenia," "Anaemia" (merely symptomatic), "Atmophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Conis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of ibutory." (Recommendations on statement of Always qualify all diseases resulting from Mcastes (disease causing death), 29 ds.; "Dropsy," "Exhaustion," For vioprobably

If this certificate is looked over thoroughly and ail questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 5 1913
BUREAU, V.S.

County County 10957	STATE OF MARYLAND CERTIFICATE OF DEATH Registered No. 93
Village or City Then (No. 2 Full NAME Mrs. Come	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH MURROWN, (Year)	that I last saw h alive on and 2 9 1913
TAGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, profession, or particular kind of work. (b) Deneral nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Cecif C, Md	(Ouration) yrs. mos. ds. Contributory (Secondary)
10 NAME OF FATHER UM Wlaver 11 BIRTHPLACE OF FATHER (State or country) Cecif Co, Mul. 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed)
OF MOTHER UNINA & Pelerson 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds. State yrs, mos, ds. Where was disease contracted, it not at place of death? Former or usual residence
(Address) Selection med 15 Filed aug 12 1913 S. H. Strugthh 16 more blanks are needed, address State Registrar, 6 1	Cherry Hill Md aug 13, 191/3 20 UNDERTAKER Brank- Cherry Hill

[Approved by U. 8. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of iliwho have no occupation whatever, write None. heen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necwho receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should he used only when needed. additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) first line will he sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can he known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (0)

Statement of cause of death—Name, first, the diblease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage, as "PUERPERAL septichaedent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Anaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mailg. "Heart failure," "Haemorrhage," "Inanition," "Marasample: Measles oma. Sarcoma. etc., of ... Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (disease causing "Dropsy," (name origin; "Candeath), 29 "Exhaustion," Examples: For vio-



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tem of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	int. See instructions on back of certificate.
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1 PLACE OF DEATH 10958



STATE OF MARYLAND

County Cecil 1000.	CERTIFICATE OF DEATH
	Registered No.
Village or City Muron (No	St; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White (Write the word)	16 DATE OF DEATH (Moster) (Day) (Year) 17 I HEREBY GERTIFY, That I attended deceased from
Month (Day) (Year)	June 1 2. alla 29 3
AGE 63 yrs. 4 mos. 12 ds. 1 LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at 7.30 Pm. The CAUSE OF DEATH* was as follows:
(a) Frade, profession, or particular kind of work	(Duration) - yrs mus mos ds.
BIRTHPLACE (State or country) Harford be maryland	Gentributory (Secondary) Aburation 3 Irs. — mos. — ds.
10 NAME OF Israel M Proctor 11 BIRTHPLACE Harford les (State or country)	(Signed) H Wither Mitchell, M. D. Chy 30, 191 3 (Address) Elklin and
(State or country) 12 MAIDEN NAME OF MOTHER Travers	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Not Known	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs mos ds.
(Informant)	Where was disease contracted, If not at place of death? Former or usual residence
Filed 8/ht / 1913 Seel	Janual Kill Philodel Sept 2, 1813. 20 UNDERTAKER ADDRESS
Jacob Ballille REGISTRAR	M. M. Sierson North Cast r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

Civil engineer, Stationary freman, etc. But in many cated thus: Farmer (retired 6 yrs.). of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation bas should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulmine, etc. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cere-trospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcin-

cause of death approved by Committee on Nomencla "Contributory." injury, as fracture of skull, and consequences (e. g., sucb, if impossible to determine definitely. mia," "PUERPERAL peritonitis," childbirth or miscarriage, as "Purereral septicharmus, ""Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease can be ascertained as the ture of the American Medical Association.) sepsis, tetunus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Ilcant failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia." "Anacmia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms) : Mcasics; Whooping cough: Chronio Bronchopncumonia (secondary), 10 ds. Never report oma. Sarcoma. etc., of . is less definite; avoid use of "Tumor" for maily The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all discases resulting from "Senile." etc.), "Dropsy," (Recommendations on statement of etc. (name origin: "Candeath), 29 State cause for "Exhaustion," Examples: For vio-



•	RECORD	PHYSICIANS should state of OCCUPATION is very
V. S. No. 1.	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pigln terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.

	1 PLACE OF DEATH 10959	STATE OF MARYLAND
	loesil	CERTIFICATE OF DEATH
Co	ounty	Registered No. 96
V	illage or City Perrynele (No.	St; Ward) [If death eccurred in a hospital or institution, give its NAME instead
	2 FULL NAME Infant 1	Ceed (stillborn) of street and number.]
=	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	4 COLOR OR BACE 5 SINGLE,	16 DATE OF DEATH 8/2 5/12
1	MARRIED, WIDOWED, ORDIVORCED	(Month) (Day) (Year)
1/2	may while (Write the word).	17 I HEREBY CERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	191 dug, 27/13 191 ,
	(Month) (Day) (Year)	that I last saw h alive on Stell borus , 191
TAC	SE C If LESS than	and that death occurred on the date stated above, at
	Chemature-Still Confay, hrs. mos. ds. on min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION Trade, profession, or	dead over 1 will)
	rticular kind of work	
bus	General nature of industry, iness, or establishment in	(Duration) yrs, mos, ds-
-	ich employed (or employer)	Contributory Mukuorvy
(S	RTHPLACE tate or country) Parryrilly	(Secondary) / (Ouration) yrsmosds.
	10 NAME OF Clustusing	(Signed) Lig Taylor, M. D.
5	11 BIRTHPLACE	0/29/13,191 (Address) Verignelle
ARENT	OF FATHER (State or country) 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from Violent CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
Ad	OF MOTHER Way Reed	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
	13 BIRTHPLACE OF MOTHER (State or country)	At place of death yrs mos ds State yrs, mos ds.
147	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
	(Informant) Loy Jaylor	Former or
	(Address) Penyalle Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15		hear Terryville Ma 8/28, 1913
FIL	Blow 1813 St. C. Callina	20 UNDERTAKER Boul Perumille
===	If more blanks are needed, address State Registr.	ar, & E. Franklin St., Balto., Requesting V. S. No. 1.
	ac more sumple and account to the control of the co	ma.

[Approved by J. S. Census and American Public Health

who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekeepers material worked on may form part of the second additional line is provided for the latter statement. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. As examples: the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Chysician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., applies to each and every person, irrespective of age. mess of various pursuits can be known. The question tion is very important, so that the relative healthfulfor many occupations a single word or term on the Statement of occupation-Precise statement of occupathus: Farmer (retired 6 yrs.). If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has Farmer or Planter, For persons "Foreman,"

CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal Tree (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pheumonia"); Lobar pneumonia; Bronchopneumonia ("Pheumonia," unqualified, is indefinite); Tubercutes of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "PUERPERAL septichaevalvular heart disease; Chronic interstitial nephritis injury, as fracture of skull, and consequences (e. g., mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acctsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify an which surgical operation was undertaken. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of ... (name origin; "Can-The nature of the State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 4 1918
BUREAU, V.S.

Village or City Pear Earling H. Revert H. R.	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) St.; Ward a hospital or lostitution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or race Single, Married, Married, Married, Milower, Married, Wildowson, Or Diverced (Write the word) 8 DATE OF BIRTH	16 DATE OF DEATH (Month) (Day) (Year) 17 1 HEREBY CENTIFY, That I attended decessed from 22, 1918, to cluy 3, 1913,
(Month) (Day) (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at
B OCCUPATION (a) Frade, prefession, or particular kind of work (b) General nature of Industry, business, or establishment in which amployed (or employer)	(Duration) yrs mos ds.
9 BIRTHPLACE (State or country) Cacil Co, Rud,	(Secondary) (Deration) yrs mos ds.
FATHER Faller D. Register 11 BIRTHPLACE (State or country) Mikeroun 12 MAIDEN NAME	Signed) Out 3,191 3 (Address) State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Yalbot Co. Ind.	At place In the of death
(Informant) County (Address) Equal (Informant)	If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed aug 14, 1913 HIBLACA REGISTRAR	Poundary Change (16, 191 8)
If more blanks are needed, address State Registrar	6 E. Franklin St., Belto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. CAUSING DEATH, state occupation at beginning of IIIof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciit should be used only when needed. As examples: cases, especially in industrial employments, it is necbeen changed or given up on account of the DISLASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. Groccry; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative mealthful-Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, (b) If retired from business, that fact may be indlworked on may form part of the second Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Dneumonia," unqualified, is indefinite); Tubercubosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUBY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Puerperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenltal," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of ... ter" is less definite; avoid use of "Tumor" for mails-The contributory (secondary or intercurrent) (Recommendations on statement of (name origin; "Candeath), 29 ds.; FOr VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

SEP 3 1913
BUREAU, V.S.

No. 02

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carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state that it may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT 4 UNFADING INK-THIS IS Every item of information should be carefully su CAUSE OF DEATH in plain terms, so that it mi Important. See instructions on back of certificate. WRITE PLAINLY, WITH

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L	U	U	v	L

1 PLACE OF DEATH

STATE OF MARYLAND

County Cecil 10961	CERTIFICATE OF DEATH
	Registration Dist. No. 96
Village or City Men Port Dynoset, 2FULL NAME Elizabeth a	St.: Ward) St.: Ward) Rowland [It death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
G DATE OF BIRTH Seov 15- 1819	HEREBY CERTIFY. That I attended deceased from July 10, 1913.
7 AGE (Month) (Day (Year) It LESS than t day,hrs. ORmin.?	and that death occurred on the date stated shove, at
(a) Trade, protession, or particular kind of work. (b) General nature of Industry, business, or establishment in	Enemoria 2
which employed (or employer) BIRTHPLACE (State or country)	Contributory acut delitaling
10 NAME OF FATHER Jongthan Webb	(Signed) (Quration) yrs mos 2 ds.
OF FATHER (State op country)	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence.
(Address) And Defended June	Test Lettingham Date of Burial

If more blanks are needed, address State Registrar, 6 E. Frynklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necapplies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, ctc. If the occupation has who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) return "Laborer," Farmer or Planter, As examples: "Foreman," (0)

Statement of cause of death—Name, first, the Disease Causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-cesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway trainsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehae ctc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inauition," "Marasgenital," "Senile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atropby," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for "Exhaustion," Never report



Village or City Near Fair Hillson. 2 FULL NAME James Chief	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. St.; Ward) St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX Male Acolor or pace Marrieo, Curaul Widoweo, Orionorceo Orionorceo (Write the word) 6 DATE OF BIRTH MONth) (Day (Year)	(Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 2 1913 to 5 191 191 191 191 191 191 191 191 191 1
TAGE (Month) (Day (Year) If LESS than 1 day,hrs, ORmin.?	and that death occurred on the date stated above, at 4 m. The CAUSE OF DEATH* was as follows:
(b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Ouration) yrs mos Zds. Contributory Secondary
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OTHER OF MOTHER OF MOTHE	(Signed) — (Duration) — yrs
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Address)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place in the of death yrs. mos. ds. State yrs, mos. ds Where was disease contracted, if not at place of death? Former or usual residence.
Filed Rug 7, 1913 & F. Kringht Local PEGISTRAR	20 GNDERTAKER ADERVASS 20 GNDERTAKER ADERVASS ADDRESS HILL Par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

"Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Screant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal statement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner; (b) Cotton mill; (a) Salesman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: (4)

pneumonia"); Lobar pneumonia; Bronchopneumonia icsis of lungs, meninges, peritonaeum, etc., brospinal meuingitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic cereterm for the same discase. Examples: Cercbrospinal tlme and causation), using always the same accepted ("Pneumonia," unqualified, is indefinite): Tubercucausing death (the primary affection with respect to Statement of cause of death-Name, first, the DISEASE Typhoid fever (never report "Typhold

> nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligscpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakuess," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditious, such as "Asvalvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (uame origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicidc. The nature of the Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (secondary or intercurrent) State cause for Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

THE CELVED BUREAU. V. S. 2 1913

BURDAU, Y. S

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD 2FULL NAM PERSONAL AND PERMANENT be stated EXACTLY. BINDING OF BIRTH properly classified. 4 IS pinous FOR UNFADING INK-THIS AGE BOCCUPATION (a) Trade, profession, or RESERVED particular kind of work e carefully supplied, so that it may be (b) General nature of industry, business, or establishment in which employed (or employer) .. certificate. State or country) 10 NAME OF FATHER 50 MARGIN WITH pe of information should be DEATH in plain terms. ARENTS 11 BIRTHPLACE OF FATHER (State or country) PLAINLY, 12 MAIDEN NAME OF MOTHER 0 13 BIRTHPLACE OF MOTHER (State or country WRITE 14 THE ABOVE IS CAUSE OF Important. S (Informant) (Address) ... 15 No. wg 30

10963

PLACE OF DEATH

If m

County

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

......Ward)

[If death occurred in a hospital or institution, give Its NAME Instead of street and number.]

STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
R RACE SINGLE, MARRIED, WIDOWED, WIDOWED (Write the word)	DATE OF DEATH (Mg. 28, 1913) (Month) (Day (Year)
Unknown,	1 HEREBY CERTIFY, That I attended deceased from aug 22, 1913, to one wash only, 191
(Month) (Day (Year)	that Vlast saw h. L. alive on any 22, 1913
possible It LESS that	and that death occurred on the date stated above, at
1 day,hrs ords, ormin.?	The CAUSE OF DEATH* was as follows:
71.	
More	
	(Duration) 10 dyrs words with ds.
Marifand	Contributory XOVI
and Talbox	(Signed) (Signed) yrs mos ds.
Maryland	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTIAL SHIELD STATE OF THE STAT
Muha	TAD, SUICIDAL, OF HOMICIDAL,
mount	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
Millyonn	At place In the of death yrs. mos. ds. State yrs, mos. ds
THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
y Nichardson	Former or
LEast R. D. # 3	OSUAL PENOVALL DATE OF BURIAL
5711-11	- Char Hill Chueley Chig 30, 1913
6 Tlught	20 UNDERTAKER ADDASS // 10
LOCAL REGISTRAR	1. C. J. WEMally Cherry Mill

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[Approved by U. S. Census and American Public Health Association.]

"Mauager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, gainfully employed, as At school or At home. Care fication as Day laborer, Farm laborer, Laborer-Coal essary to know (a) the kind of work and also (b) applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a dcfinite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the Disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion, "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origiu; "Can ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inauition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, "Contributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

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BUREAU. V.S. Fint party

BUREAU. V.S. BUREAU. V.S.

BUREAU. V.S.

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	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	-Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH In plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very Important. See instructions on back of certificate.	
O	ANENT	CACTLY. statement	3
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E E	S IS A	stassified	7
O F C	(-THI	AGE sho	8
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MARGIN RESERVED FOR BINDING	INFADIN	-Every Item of Information should be carefully sup CAUSE OF DEATH in plain terms, so that it mai Important, See instructions on back of certificate.	7 6 (I
Z	WITH L	rms, so the back of c	NTC
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	TE PLA	f Informa EATH In	14
	WRI	Item o E OF D tant. Se	
No. 1.		CAUS Impor	10

N. B.

1 PLACE OF DEATH 10964	STATE OF MARYLAND
County cecil 10001	CERTIFICATE OF DEATH
11 # 0 4	Registered No. 74
Village or City Now Cast (No.	St; Ward) [It death occurred in a hospital or Institution,
* FULL NAME Mary Emple	Sign of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED, WITH the word)	(Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
eyrik 4, 1913. (Month) (Day) (Year)	(that I last saw h 1 alive on Grand 16 1913.
7 AGE If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 12145 m. The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or particular kind of work	Click manden
(b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2 ds.
(State or country) North East Mill	Contributory (Secondary) (Ouration) Tree mos ds
10 NAME OF FATHER Jacob & Jasker	(Signed) Allewille M. D. CHU, 19, 1913 (Address) Mile East Live
11 BIRTHPLACE OF FATHER (State or country) elect country) in a 12 MAIDEN NAME OF MOTHER MARY & Sheleross	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, or Holmicipal.
13 BIRTHPLACE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
(State or country) North Coust and	At place in the ot death yrs mos ds. State yrs mos ds. Where was disease contracted.
Interment hury aller shelerop	It not at place of death?
(Address) North East mil	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Quet 18, 1913 Biddle & of REGISTRAR	Moth Gard mel Rughel 18, 181 3 20 UNDERTAKER ADDRESS Moth Sail mel
If more blanks are needed, address State Registra	r, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salesman, (d) essary to know (a) the kind of work and also (b) first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," For persons

> injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. mia," "Tuerperal peritonitis," mus," "Old Age," "Shock," "Traemia," "Weakness," ture of the American Medicai Association.) cause of death approved by Committee on Nomencla "Contributory." sepsis, tctanus) may be stated under the head of by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF US probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage, as "PUERFERAL septichac-Cause. etc., when a definite disease can be ascertained as the "Ileart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenla." "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics (disease causing death), 29 "Senile." etc.), (Recommendations on statement of "Dropsy," etc. State cause for (name origin; "Can "Exhaustion," Examples: FOF VIO.



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD A PERMANENT BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN V. S. No.

	PLACE OF DEATH 10965	STATE OF MARYLAND
Con	inty lecil 10000	CERTIFICATE OF DEATH
Villa	age or City Eltton MS. (No	Registration Dist. No
	FULL NAME Mary R Tayl	
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Jer Ter	x 4 COLOR OR RACE 6 SINGLE, MARRIED, Manuel widowed, or Divorced (Write the word)	16 DATE OF DEATH August 7 , 191.3 (Month) (Day (Year)
6 DA	TE OF BIRTH apr 15- , 1865	17 I HEREBY CERTIFY, That I attended deceased from Duly 14, 1913, to area 6 1, 191. that I last saw here allow on area 6 1, 191
7 A G	t day hre	and that death occurred on the date stated above, at 2 a
8 oc	CUPATION Trade, protession, or Housewile	The CAUSE OF DEATH* was as follows:
nart	loular kind of work	1
(b) busin which	General nature of Industry, less, or establishment in h employed (or employer)	(arlerio - S Clerosia) Muknown (Buration) yrs mos.
part (b) busin which	General nature of Industry, less, or establishment in the employed (or employer) RITHPLACE State or country) Many Care	Mar St.
part (b) busin whice	General nature of Industry, less, or establishment in the employed (or employer)	Contributory Secondary (Buration) (Buration) (Signed) (Duration) (Duration) (Signed) (Signed) (Duration) (Signed) (Signed)
ARENTS BILE 6 (q)	General nature of Industry, less, or establishment in the employed (or employer) The place State or country) Mary Care To name of father facob Reynolds To name of father facob Reynolds	Contributory Secondary (Buration) (Signed)
PARENTS BELLINGS (9)	Colar kind of work General nature of Industry, less, or establishment in the employed (or employer) The Many Country To name of factor Reynolds It BIRTHPLAGE OF FATHER (State or country) The Many Country	Contributory Secondary (Buration) (Buration) (Signed) (Signed)
Part (b) busin which	10 NAME OF FATHER (State or country) 12 MAIDEN NAME COLOR OF FATHER (State or country) 13 BIRTHPLACE 14 BIRTHPLACE 15 MAIDEN NAME CLIPA A MC Cardell 16 MAIDEN NAME CLIPA A MC Cardell 17 MAIDEN NAME CLIPA A MC CARDELL 18 BIRTHPLACE 19 MAIDEN NAME CLIPA A MC CARDELL 19 BIRTHPLACE 19 BIRTHPLACE	Contributory Secondary (Buration) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transient or Recent Residents) At piace in the of death yrs. mos. ds. State yrs, mos. d Where was disease contracted, it not at piace of death? Former or usual residence.
Part (b) busin which	General nature of Industry, General nature of Industry, General nature of Industry, General nature of Industry, Hess, or establishment in the employed (or employer) The	Contributory Secondary (Buration) (Signed) (Signed) (Signed) *State the Disease Causing Death, or, in deaths from Violent Causer, state (1) Means of Injury; and (2) whether Accident Tal, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transient or Recent Residents) At piace of death yrs. mos. ds. State yrs. mos. d Where was disease contracted, It not at piace of death? Former or

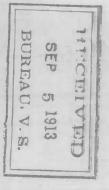
to Poulline

[Approved by U. S. Census and American Public Health Association.]

it should be used only when needed. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-"Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indithus: Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman,"

CAUSING DEATH (the primary affection with respect to lesis of lungs, meninges, peritonaeum, etc., ("Pneumonia," pneumonia"); Lobar pneumonia; Bronchopneumonia "Croup";) brospinal fever (the only definite synonym is "Epidemic cereterm for the same disease. time and causation), using always the same accepted Statement of cause of death-Name, first, the DISEASE meningitis"); Typhoid fever (never unqualified, is indefinite): Tubercu-Diphtheria (avoid use Examples: Cercbrospinal report "Typhoid

> "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viodent; Revolver wound of head-homicide; Poisoned ture of the American Medical Association.) is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting "Senile," etc.), "Dropsy," death), "Exhaustion," Never report



Co	PLACE OF DEATH 10966	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No.
Viii	2FULL NAME John Jou	St.; Ward) [it death occurred in a hospital or institution, give its NAME lostead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
358	Tale Mute Single, Married, Wisowed, Warried (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 D/	TE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
	(Month) (Day (Year)	that I last saw how alive on All 10 1913
TAG		and that death occurred on the date states above, atm,
	yrs. 3 1 day,	The CAUSE OF DEATH* was as follows:
(a)	Trade, profession, or farmer farmer	Coute Entero Colitis
(b) busi white	General nature of industry, ness, or establishment in the employed (or employer)	(Ouration) most dis
BI	(State or country)	Secondary MMMC Charles
	10 NAME OF Lewis Wright	(Signed) (Duration) O yrs mos ds.
NTS	11 BIRTHPLACE OF FATHER (State or country)	(Nelg 2, 191 (Address) Jack Dry Hill
PARENTS	12 MAIDEN NAME OF MOTHER	State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAYSES, state (1) MEANS OF INJURY; and (2) whether Accidental, Suicidal, or Homicidal.
100	13 BIRTHPLACE OF MOTHER (State or country) Waknown	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the ot death yrs, mos ds. State yrs, mos ds
	iotormanty As The Best of MY KNOWLEDGE	Where was disease contracted, if not at piace of death? Former or usual residence
15	(Address) How Vill Mil	19 PLACE OF BOHIALOR REMOVAL DATE OF BURIAL
File	elug 12, 181 3 6 T. Knight Local DEGISTRAR	20 UNDERTHER CERTAL HONES Hell
	If more blanks are needed, address State Regist	rar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second (a) Spinner, Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; -(a) Salesman, As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for cause. Always qualify all diseases resulting from thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-"Contributory." (Recommendations on statement of "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. oma, Sarcoma, etc., of..... ture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. The contributory "Old Age," "Shock," "Uracmia," "Weakness," Measle's (disease causing death), 29 ds.; (secondary or intercurrent) (name origin; "Can-Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUREAU. V.S.

in lead period

OCT 24 1913 BURLAU, V.S.